



**CUSTOMER NO. 25264****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Jean-Pierre Dath, et al.

Serial No.: 10/691,811

Confirmation No.: 6352

Filed: October 23, 2003

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Group Art Unit: 1755

Examiner: SAMPLE, DAVID R.

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CENTRAL FAX CENTER****OCT 09 2006**Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Honorable Commissioner:

**CERTIFICATE OF FACSIMILE  
37 CFR 1.8**I hereby certify that this correspondence is being  
facsimile transmitted to the Patent and Trademark Office  
to the designated fax 571-273-8300, to the attention of  
the named Examiner, on the date below.*October 9, 2006* *Elaine A. Barnett*  
Date Signature**RESPONSE TO OFFICE ACTION DATED JULY 28, 2006**

In response to the Office Action dated July 28, 2006, having a shortened statutory period for response set to expire on October 28, 2006, Applicants file the following Amendment. Applicants thank Examiner Sample for his time on September 14, 2006, and respectfully request allowance of the amended and added claims based on that discussion and the following Amendment.

A Listing of the Pending Claims begins on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.

U.S. Appl. No. 10/691,811; F-716 DIV

- 1 -

PAGE 3/11 \* RCVD AT 10/9/2006 2:31:45 PM [Eastern Daylight Time] \* SVR:USPTO-EFAXF-1/22 \* DNIS:2738300 \* CSID:7134835384 \* DURATION (mm:ss):02:32

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Effective on 12/08/2004  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816).

# **FEE TRANSMITTAL**

## **For FY 2005**

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 200.00

### **Complete if Known**

Application Number 10/601,811  
Filing Date October 23, 2003  
First Named Inventor Jean-Pierre Dath  
Examiner Name JOHNSON, Christina Ann  
Art Unit 1/55  
Attorney Docket No. CQS-716 DIV

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OCT 09 2006

### **METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 03-3346 Deposit Account Name: Fina Technology, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

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### **FEE CALCULATION**

#### **1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### **2. EXCESS CLAIM FEES**

##### **Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

20 - 20 or HP = 0 x 50 = 0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

3 - 3 or HP = 1 x 200 = 200

HP = highest number of independent claims paid for, if greater than 3.

#### **3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

100 - 100 = 0 / 50 = 0 (round up to a whole number) x 125 = 0

#### **4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

#### **SUBMITTED BY**

Signature

Name (Print/Type) Shiro A. Kopecky

Registration No. 48,460  
(Attorney/Agent)

Telephone 713-483-6306

Date October 9, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 4080, Alexandria, VA 22313-1400. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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# **FEE TRANSMITTAL**

## **For FY 2005**

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 200.00

### **Complete if Known**

Application Number 10/601,811  
Filing Date October 23, 2003  
First Named Inventor Jean-Pierre Dath  
Examiner Name JOHNSON, Christina Ann  
Art Unit 1755  
Attorney Docket No. COS-718 DIV

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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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### **FEE CALCULATION**

#### **1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	100	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### **2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$)

HP - 20 or HP = 0 x 50 = 0

HP - highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

HP - 3 or HP = 1 x 200 = 200

HP - highest number of independent claims paid for, if greater than 3.

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Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

100 = 150 = (round up to a whole number) x =

#### **4. OTHER FEE(S)**

Non-English Specification, \$130 fee (on small entity discount)

Other (e.g., late filing surcharge):

#### **SUBMITTED BY**

Signature

Name (Print/Type) Shirley A. Kopecky

Registration No. 48,460  
(Attorney/Agent)

Telephone 713-483-6306

Date October 9, 2006

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